

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/502074

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|-----------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 48 minus 20 = * | 28 |
| INDEPENDENT CLAIMS | 3 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

| RATE | FEE |
|------------|-----|
| BASIC FEE | 365 |
| X \$ 9 = | 252 |
| X \$ 44 = | |
| + \$ 150 = | 145 |
| TOTAL | 762 |

OR

OR

OR

OR

OR

| RATE | FEE |
|------------|-----|
| BASIC FEE | |
| X \$ 18 = | |
| X \$ 88 = | |
| + \$ 300 = | |
| TOTAL | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total * | Minus ** | = |
| | Independent * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 9 = | |
| X \$ 44 = | |
| + \$ 150 = | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 18 = | |
| X \$ 88 = | |
| + \$ 300 = | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total * | Minus ** | = |
| | Independent * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 9 = | |
| X \$ 44 = | |
| + \$ 150 = | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 18 = | |
| X \$ 88 = | |
| + \$ 300 = | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total * | Minus ** | = |
| | Independent * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 9 = | |
| X \$ 44 = | |
| + \$ 150 = | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 18 = | |
| X \$ 88 = | |
| + \$ 300 = | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | |
|---|-----------------------------------|---|--------------|----------|----|----|----|----|
| 1 Date of Request: _____ | | 2 Serial/Patent # _____ | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | |
| | Filing | | | \$ | | | | |
| | Amendment | | | \$ | | | | |
| | Extension of Time | | | \$ | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | |
| | Petition | | | \$ | | | | |
| | Issue | | | \$ | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | |
| | Maintenance | | | \$ | | | | |
| | Assignment | | | \$ | | | | |
| <input checked="" type="checkbox"/> | Other <i>claim adjustment</i> | | | \$ 99.00 | | | | |
| 7 TOTAL AMOUNT OF REFUND | | | \$ 99.00 | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | Credit Deposit A/C #: | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">04</td> <td style="width: 20px;">--</td> <td style="width: 20px;">08</td> <td style="width: 20px;">38</td> </tr> </table> | | | 04 | -- | 08 | 38 |
| 04 | -- | 08 | 38 | | | | | |
| | No Fee Due (Explanation): | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | |
| TYPED/PRINTED NAME: <i>Kaya Lewis (Baltimore)</i> | | TITLE: <i>Paralegal</i> | | | | | | |
| SIGNATURE: <i>Kaya Lewis</i> | | PHONE: _____ | | | | | | |
| OFFICE: <i>PCT DOL ED</i> | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: